

# MONTANA PREVENTION NEEDS ASSESSMENT COMMUNITY STUDENT SURVEY

1. Thank you for agreeing to participate in this survey. The purpose of this survey is to learn how students in our schools feel about their community, family, peers, and school. The survey also asks about health behaviors.
2. The survey is completely voluntary and anonymous. **DO NOT** put your name on the questionnaire.
3. This is not a test, so there are no right or wrong answers. We would like you to work quickly so you can finish.
4. All of the questions should be answered by completely filling in one of the answer spaces. If you do not find an answer that fits exactly, use the one that comes closest. If any question does not apply to you, or you are not sure what it means, just leave it blank. You can skip any question that you do not wish to answer.

5. For questions that have the following answers: **NO! no yes YES!**

Mark (the BIG) **YES!** if you think the statement is **DEFINITELY TRUE** for you.

Mark (the little) **yes** if you think the statement is **MOSTLY TRUE** for you.

Mark (the little) **no** if you think the statement is **MOSTLY NOT TRUE** for you.

Mark (the BIG) **NO!** if you think the statement is **DEFINITELY NOT TRUE** for you.

Example: Chocolate is the best ice cream flavor.

☐ NO! ☐ no ☒ yes ☐ YES!

In the example above, the student marked "yes" because he or she thinks the statement is mostly true.

6. Please mark only one answer for each question by completely filling in the oval with a #2 pencil.

Please fill in the following questions with the help of your teacher/survey assistant.

District:

|   |   |   |   |   |
|---|---|---|---|---|
|   |   |   |   |   |
| 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 |

School:

|   |   |   |   |   |
|---|---|---|---|---|
|   |   |   |   |   |
| 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 |

Student's Zip Code:

|   |   |   |   |   |
|---|---|---|---|---|
|   |   |   |   |   |
| 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 |

1. Are you: ☐ MALE ☐ FEMALE

2. How old are you?

☐ 10 or younger ☐ 12 ☐ 14 ☐ 16 ☐ 18  
☐ 11 ☐ 13 ☐ 15 ☐ 17 ☐ 19 or older

3. What grade are you in?

☐ 6th ☐ 7th ☐ 8th ☐ 9th ☐ 10th ☐ 11th ☐ 12th

4. Please choose the **ONE** answer that **BEST** describes what you consider yourself to be.

☐ White, not of Hispanic origin  
☐ Black, or African American  
☐ American Indian/Native American, Eskimo, or Aleut  
☐ Spanish/Hispanic/Latino  
☐ Asian  
☐ Pacific Islander  
☐ Other (Please Specify \_\_\_\_\_ )

5. What is the highest level of schooling completed by your mother or father?

☐ Completed grade school or less ☐ Completed college  
☐ Some high school ☐ Graduate or professional school after college  
☐ Completed high school ☐ Don't know  
☐ Some college ☐ Does not apply

6. Think of where you live most of the time. Which of the following people live there with you? (Choose all that apply.)

☐ Mother ☐ Grandfather  
☐ Stepmother ☐ Uncle  
☐ Foster Mother ☐ Other Adults  
☐ Grandmother ☐ Brother(s)  
☐ Aunt ☐ Stepbrother(s)  
☐ Father ☐ Sister(s)  
☐ Stepfather ☐ Stepsister(s)  
☐ Foster Father ☐ Other Children

Produced by the Montana Department of Health and Human Services, Addictive and Mental Disorders Division Phone: (406) 444-3946 and Bach Harrison, L.L.C. Salt Lake City, Utah Phone: (801) 359-2064

PLEASE DO NOT WRITE IN THIS AREA



The next section asks about your experiences at school.

The next questions ask about your feelings and experiences in other parts of your life.

1/2 +

|   | NO!                   | no                    | yes                   | YES!                  |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 7. In my school, students have lots of chances to help decide things like class activities and rules.                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Teachers ask me to work on special classroom projects.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. My teacher(s) notices when I am doing a good job and lets me know about it.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. There are lots of chances for students in my school to talk with a teacher one-on-one.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. I feel safe at my school.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. The school lets my parents know when I have done something well.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. My teachers praise me when I work hard in school.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. Are your school grades better than the grades of most students in your class?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. I have lots of chances to be part of class discussions or activities.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

23. Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have:

Number of friends

|   | 0                     | 1                     | 2                     | 3                     | 4                     |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. participated in clubs, organizations or activities at school?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. smoked cigarettes?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. tried beer, wine or hard liquor (for example, vodka, whiskey, or gin) when their parents didn't know about it? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. made a commitment to stay drug-free?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. used marijuana?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. tried to do well in school?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. used LSD, cocaine, amphetamines, or other illegal drugs?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. been suspended from school?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. liked school?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. carried a handgun?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. sold illegal drugs?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l. regularly attended religious services?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| m. stolen or tried to steal a motor vehicle such as a car or motorcycle?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| n. been arrested?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| o. dropped out of school?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

17. Now thinking back over the past year year in school, how often did you:

Almost always  
Often  
Sometimes  
Seldom  
Never

|  |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. enjoy being in school?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. hate being in school?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. try to do your best work in school?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. How often do you feel that the school work you are assigned is meaningful and important? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

19. Putting them all together, what were your grades like last year?

☐ Mostly F's ☐ Mostly B's  
☐ Mostly D's ☐ Mostly A's  
☐ Mostly C's

20. How important do you think the things you are learning in school are going to be for your later life?

☐ Very important ☐ Slightly important  
☐ Quite important ☐ Not at all important  
☐ Fairly important

21. How interesting are most of your courses to you?

☐ Very interesting and stimulating  
☐ Quite interesting ☐ Slightly dull  
☐ Fairly interesting ☐ Very dull

22. During the LAST FOUR WEEKS how many whole days of school have you missed because you skipped or 'cut'?

☐ None ☐ 1 ☐ 2 ☐ 3 ☐ 4-5 ☐ 6-10 ☐ 11 or more

24. What are the chances you would be seen as cool if you:

Very good chance  
Pretty good chance  
Some chance  
Little chance  
No or very little chance

|   |                       |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. smoked cigarettes?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. worked hard at school?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. began drinking alcoholic beverages regularly, that is, at least once or twice a month? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. defended someone who was being verbally abused at school?                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. smoked marijuana?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. used smokeless tobacco?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. carried a handgun?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. regularly volunteered to do community service?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

25. How old were you when you first:

|  | Never | 8 or younger | 9 or 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 or older |
|--|-------|--------------|---------|----|----|----|----|----|----|-------------|
|--|-------|--------------|---------|----|----|----|----|----|----|-------------|

a. smoked marijuana?

|  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

b. smoked a cigarette, even just a puff?

|  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

c. had more than a sip or two of beer, wine or hard liquor (for example, vodka, whiskey, or gin)?

|  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

d. began drinking alcoholic beverages regularly, that is, at least once or twice a month?

|  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

e. used smokeless tobacco (dip, snuff, chew)?

|  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

f. got suspended from school?

|  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

g. got arrested?

|  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

h. carried a handgun?

|  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

i. attacked someone with the idea of seriously hurting them?

|  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

26. How wrong do you think it is for someone your age to:

|  | Not Wrong at All | A Little Bit Wrong | Wrong | Very Wrong |
|--|------------------|--------------------|-------|------------|
|--|------------------|--------------------|-------|------------|

a. take a handgun to school?

|  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|

b. steal anything worth more than \$5?

|  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|

c. pick a fight with someone?

|  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|

d. attack someone with the idea of seriously hurting them?

|  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|

e. stay away from school all day when their parents think they are at school?

|  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|

f. drink beer, wine or hard liquor (for example, vodka, whiskey, or gin) regularly?

|  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|

g. smoke cigarettes?

|  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|

h. smoke marijuana?

|  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|

i. use LSD, cocaine, amphetamines or another illegal drug?

|  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|

27. At school during the past 12 months, did you receive help from the resource teacher, speech therapist or other special education teacher?

☐ No ☐ Yes

28. How many times have you done the following things?

|  | Never | I've done it, but not in the past year | Less than once a month | About once a month | 2 or 3 times a month | Once a week or more |
|--|-------|--|------------------------|--------------------|----------------------|---------------------|
|--|-------|--|------------------------|--------------------|----------------------|---------------------|

a. done what feels good no matter what.

|  |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

b. done something dangerous because someone dared you to do it.

|  |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

c. done crazy things even if they are a little dangerous?

|  |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

29. How many times in the past year (12 months) have you:

|  | Never | 1 to 2 times | 3 to 5 times | 6 to 9 times | 10 to 19 times | 20 to 29 times | 30 to 39 times | 40+ times |
|--|-------|--------------|--------------|--------------|----------------|----------------|----------------|-----------|
|--|-------|--------------|--------------|--------------|----------------|----------------|----------------|-----------|

a. been suspended from school?

|  |                          |                          |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

b. carried a handgun?

|  |                          |                          |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

c. sold illegal drugs?

|  |                          |                          |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

d. stolen or tried to steal a motor vehicle such as a car or motorcycle?

|  |                          |                          |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

e. participated in clubs, organizations or activities at school?

|  |                          |                          |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

f. been arrested?

|  |                          |                          |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

g. done extra work on your own for school?

|  |                          |                          |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

h. attacked someone with the idea of seriously hurting them?

|  |                          |                          |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

i. been drunk or high at school?

|  |                          |                          |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

j. volunteered to do community service?

|  |                          |                          |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

k. taken a handgun to school?

|  |                          |                          |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

30. Are you currently on probation, or assigned a probation officer with Juvenile Court?

☐ No ☐ Yes

31. Have you ever belonged to a gang?

☐ No ☐ Yes, belong now  
☐ No, but would like to ☐ Yes, but would like to get out  
☐ Yes, in the past

32. You're looking at CD's in a music store with a friend. You look up and see her slip a CD under her coat. She smiles and says "Which one do you want? Go ahead, take it while nobody's around." There is nobody in sight, no employees and no other customers. What would you do now?

- ☐ Ignore her
- ☐ Grab a CD and leave the store
- ☐ Tell her to put the CD back
- ☐ Act like it is a joke, and ask her to put the CD back

33. You are visiting another part of town, and you don't know any of the people your age there. You are walking down the street, and some teenager you don't know is walking toward you. He is about your size, and as he is about to pass you, he deliberately bumps into you and you almost lose your balance. What would you say or do?

- ☐ Push the person back
- ☐ Say "Excuse me" and keep on walking
- ☐ Say "Watch where you are going" and keep on walking
- ☐ Swear at the person and walk away

34. You are at a party at someone's house, and one of your friends offers you a drink containing alcohol. What would you say or do?

- ☐ Drink it
- ☐ Tell your friend, "No thanks, I don't drink" and suggest that you and your friend go and do something else
- ☐ Just say, "No thanks" and walk away
- ☐ Make up a good excuse, tell your friend you had something else to do, and leave

35. It's 8:00 on a weeknight and you are about to go over to a friend's home when your mother asks you where you are going. You say "Oh, just going to go hang out with some friends." She says, "No, you'll just get into trouble if you go out. Stay home tonight." What would you do now?

- ☐ Leave the house anyway
- ☐ Explain what you are going to do with your friends, tell her when you will get home, and ask if you can go out
- ☐ Not say anything and start watching TV
- ☐ Get into an argument with her

36. How often do you attend religious services or activities?

- ☐ Never ☐ 1-2 Times a Month
- ☐ Rarely ☐ About Once a Week or More

37. I do the opposite of what people tell me, just to get them mad.

- ☐ Very False ☐ Somewhat True
- ☐ Somewhat False ☐ Very True

38. I like to see how much I can get away with.

- ☐ Very False ☐ Somewhat True
- ☐ Somewhat False ☐ Very True

39. I ignore rules that get in my way.

- ☐ Very False ☐ Somewhat True
- ☐ Somewhat False ☐ Very True

40. I think sometimes it's okay to cheat at school.

NO! no yes YES!

☐ ☐ ☐ ☐

41. It is important to think before you act.

☐ ☐ ☐ ☐

42. Sometimes I think that life is not worth it.

☐ ☐ ☐ ☐

43. At times I think I am no good at all.

☐ ☐ ☐ ☐

44. All in all, I am inclined to think that I am a failure.

☐ ☐ ☐ ☐

45. In the past year, have you felt depressed or sad MOST days, even if you felt okay sometimes?

☐ ☐ ☐ ☐

46. It is all right to beat up people if they start the fight.

☐ ☐ ☐ ☐

47. I think it is okay to take something without asking if you can get away with it.

☐ ☐ ☐ ☐

48. Sometimes we don't know what we will do as adults, but we may have an idea. Please answer how true these statements may be for you. WHEN I AM AN ADULT I WILL:

NO! no yes YES!

a. smoke cigarettes.

☐ ☐ ☐ ☐

b. use smokeless tobacco.

☐ ☐ ☐ ☐

c. drink beer, wine, or liquor.

☐ ☐ ☐ ☐

d. smoke marijuana.

☐ ☐ ☐ ☐

e. use LSD, cocaine, amphetamines or another illegal drug.

☐ ☐ ☐ ☐

49. How much do you think people risk harming themselves (physically or in other ways) if they:

Great Risk  
Moderate Risk  
Slight Risk  
No Risk

a. smoke one or more packs of cigarettes per day?

☐ ☐ ☐ ☐

b. use smokeless tobacco?

☐ ☐ ☐ ☐

c. try marijuana once or twice?

☐ ☐ ☐ ☐

d. smoke marijuana regularly?

☐ ☐ ☐ ☐

e. take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?

☐ ☐ ☐ ☐

On how many occasions (if any) have you:

OCCASIONS

|  | 0                     | 1-2                   | 3-5                   | 6-9                   | 10-19                 | 20-39                 | 40+                   |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 50. had alcoholic beverages (beer, wine or hard liquor) to drink in your lifetime – more than just a few sips?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 51. had beer, wine or hard liquor to drink during the past 30 days?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 52. used marijuana in your lifetime?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 53. used marijuana during the past 30 days?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 54. used LSD or other psychedelics in your lifetime?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 55. used LSD or other psychedelics during the past 30 days?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 56. used cocaine or crack in your lifetime?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 57. used cocaine or crack during the past 30 days?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 58. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high in your lifetime?                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 59. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high during the past 30 days?                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 60. used phenoxydine (pox, px, breeze) in your lifetime?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 61. used phenoxydine (pox, px, breeze) during the past 30 days?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 62. used stimulants (amphetamines, meth, crystal, crank) without a doctor telling you to take them, in your lifetime?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 63. used stimulants (amphetamines, meth, crystal, crank) without a doctor telling you to take them, during the past 30 days?                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 64. used sedatives (tranquilizers, such as valium or xanax, barbiturates, or sleeping pills) without a doctor telling you to take them, in your lifetime?        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 65. used sedatives (tranquilizers, such as valium or xanax, barbiturates, or sleeping pills) without a doctor telling you to take them, during the past 30 days? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 66. used heroin or other opiates in your lifetime?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 67. used heroin or other opiates during the past 30 days?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 68. used MDMA ('X', 'E', or ecstasy) in your lifetime?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 69. used MDMA ('X', 'E', or ecstasy) during the past 30 days?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

70. Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row?

- ☐ None
 ☐ 3-5 times  
☐ Once
 ☐ 6-9 times  
☐ Twice
 ☐ 10 or more times

71. Have you ever used smokeless tobacco (chew, snuff, plug, dipping tobacco, or chewing tobacco)?

- ☐ Never
 ☐ Regularly in the past  
☐ Once or Twice
 ☐ Regularly now  
☐ Once in a while but not regularly

72. How frequently have you used smokeless tobacco during the past 30 days?

- ☐ Never
 ☐ About once a day  
☐ Once or Twice
 ☐ More than once a day  
☐ Once or twice per week

73. Have you ever smoked cigarettes?

- ☐ Never
 ☐ Regularly in the past  
☐ Once or Twice
 ☐ Regularly now  
☐ Once in a while but not regularly

74. During the past 30 days, on how many days did you smoke cigarettes?

- ☐ 0 days
 ☐ 10 to 19 days  
☐ 1 or 2 days
 ☐ 20 to 29 days  
☐ 3 to 5 days
 ☐ All 30 days  
☐ 6 to 9 days

75. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?

- ☐ I did not smoke cigarettes during the past 30 days  
☐ Less than 1 cigarette per day  
☐ 1 cigarette per day  
☐ 2 to 5 cigarettes per day  
☐ 6 to 10 cigarettes per day  
☐ 11 to 20 cigarettes per day  
☐ More than 20 cigarettes per day

76. Do you think that ceremonial use of tobacco among American Indian people promotes cigarette smoking as a habit?

- ☐ Definitely yes
 ☐ Probably not  
☐ Probably yes
 ☐ Definitely not

These questions ask about the neighborhood and community where you live.

77. How wrong would most adults (over 21) in your neighborhood think it is for kids your age:

Not Wrong at All  
A Little Bit Wrong  
Wrong  
Very Wrong

a. to use marijuana?

☐ ☐ ☐ ☐

b. to drink alcohol?

☐ ☐ ☐ ☐

c. to smoke cigarettes?

☐ ☐ ☐ ☐

78. How much does each of the following statements describe your neighborhood?

NO! no yes YES!

a. crime and/or drug selling

☐ ☐ ☐ ☐

b. fights

☐ ☐ ☐ ☐

c. lots of empty or abandoned buildings

☐ ☐ ☐ ☐

d. lots of graffiti

☐ ☐ ☐ ☐

79. If I had to move, I would miss the neighborhood I now live in.

☐ ☐ ☐ ☐

80. My neighbors notice when I am doing a good job and let me know about it.

☐ ☐ ☐ ☐

81. I like my neighborhood.

☐ ☐ ☐ ☐

82. There are lots of adults in my neighborhood I could talk to about something important.

☐ ☐ ☐ ☐

83. I'd like to get out of my neighborhood.

☐ ☐ ☐ ☐

84. There are people in my neighborhood who are proud of me when I do something well.

☐ ☐ ☐ ☐

85. There are people in my neighborhood who encourage me to do my best.

☐ ☐ ☐ ☐

86. I feel safe in my neighborhood.

☐ ☐ ☐ ☐

87. Which of the following activities for people your age are available in your community?

a. sports teams

☐ No ☐ Yes

b. scouting

☐ No ☐ Yes

c. boys and girls clubs

☐ No ☐ Yes

d. 4-H clubs

☐ No ☐ Yes

e. service clubs

☐ No ☐ Yes

88. If a kid smoked marijuana in your neighborhood would he or she be caught by the police?

NO! no yes YES!

☐ ☐ ☐ ☐

89. If a kid smoked cigarettes in your neighborhood, would he or she be caught by the police?

☐ ☐ ☐ ☐

90. If a kid drank some beer, wine or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood would he or she be caught by the police?

☐ ☐ ☐ ☐

91. If a kid carried a handgun in your neighborhood would he or she be caught by the police?

☐ ☐ ☐ ☐

92. If you wanted to get some cigarettes, how easy would it be for you to get some?

very easy  
sort of easy  
sort of hard  
very hard

☐ ☐ ☐ ☐

93. If you wanted to get some beer, wine or hard liquor (for example, vodka, whiskey, or gin), how easy would it be for you to get some?

☐ ☐ ☐ ☐

94. If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?

☐ ☐ ☐ ☐

95. If you wanted to get a handgun, how easy would it be for you to get one?

☐ ☐ ☐ ☐

96. If you wanted to get some marijuana, how easy would it be for you to get some?

☐ ☐ ☐ ☐

The next few questions ask about your family. When answering these questions please think about the people you consider to be your family, for example, parents, stepparents, grandparents, aunts, uncles, etc.

97. How wrong do your parents feel it would be for YOU to:

Not Wrong at All  
A Little Bit Wrong  
Wrong  
Very Wrong

a. drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?

☐ ☐ ☐ ☐

b. smoke cigarettes?

☐ ☐ ☐ ☐

c. use smokeless tobacco

☐ ☐ ☐ ☐

d. smoke marijuana?

☐ ☐ ☐ ☐

e. steal something worth more than \$5?

☐ ☐ ☐ ☐

f. draw graffiti, write things, or draw pictures on buildings or other property (without the owner's permission)?

☐ ☐ ☐ ☐

g. pick a fight with someone?

☐ ☐ ☐ ☐



98. Have any of your brothers or sisters ever:

|  | I don't have any brothers or sisters |                          |                          |
|--|--------------------------------------|--------------------------|--------------------------|
|  | No                                   | Yes                      |                          |
| a. drunk beer, wine or hard liquor (for example, vodka, whiskey or gin)? | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> |
| b. smoked marijuana?   | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> |
| c. used smokeless tobacco?   | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> |
| d. smoked cigarettes?  | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> |
| e. taken a handgun to school?  | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> |
| f. been suspended or expelled from school?                               | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> |

|   | NO!                      | no                       | yes                      | YES!                     |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 99. The rules in my family are clear.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 100. People in my family often insult or yell at each other.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 101. When I am not at home, one of my parents knows where I am and who I am with.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 102. We argue about the same things in my family over and over.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 103. If you drank some beer, wine, or liquor (for example, vodka, whiskey, or gin) without your parents' permission, would you be caught by your parents? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 104. My family has clear rules about alcohol and drug use.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 105. My family has clear rules about cigarettes and tobacco use.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 106. If you carried a handgun without your parents' permission, would you be caught by your parents?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 107. If you skipped school would you be caught by your parents?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 108. Do you feel very close to your mother?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 109. Do you share your thoughts and feelings with your mother?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 110. My parents ask me what I think before most family decisions affecting me are made.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 111. Do you share your thoughts and feelings with your father?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 112. Do you enjoy spending time with your mother?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 113. Do you enjoy spending time with your father?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 114. If I had a personal problem, I could ask my mom or dad for help.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   | NO!                      | no                       | yes                      | YES!                     |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 115. Do you feel very close to your father?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 116. My parents give me lots of chances to do fun things with them.                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 117. My parents ask if I've gotten my homework done.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 118. People in my family have serious arguments.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 119. Would your parents know if you did not come home on time?                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 120. It is important to be honest with your parents, even if they become upset or you get punished. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

121. My parents notice when I am doing a good job and let me know about it.

☐ Never or Almost Never      ☐ Often  
☐ Sometimes      ☐ All the Time

122. How often do your parents tell you they're proud of you for something you've done?

☐ Never or Almost Never      ☐ Often  
☐ Sometimes      ☐ All the Time

123. How many brothers and sisters, including stepbrothers and stepsisters, do you have that are younger than you?

☐ 0   ☐ 1   ☐ 2   ☐ 3   ☐ 4   ☐ 5   ☐ 6 or more

124. How many brothers and sisters, including stepbrothers and stepsisters, do you have that are older than you?

☐ 0   ☐ 1   ☐ 2   ☐ 3   ☐ 4   ☐ 5   ☐ 6 or more

125. Have you changed homes in the past year (the last 12 months)

☐ No      ☐ Yes

126. How many times have you changed homes since kindergarten?

☐ Never      ☐ 5 or 6 times  
☐ 1 or 2 times      ☐ 7 or more times  
☐ 3 or 4 times

127. Have you changed schools (including changing from elementary to middle and middle to high school) in the past year?

☐ No      ☐ Yes

128. How many times have you changed schools since kindergarten (including changing from elementary to middle and middle to high school)?

☐ Never      ☐ 5 or 6 times  
☐ 1 or 2 times      ☐ 7 or more times  
☐ 3 or 4 times

129. Has anyone in your family ever had severe alcohol or drug problems?

☐ No      ☐ Yes

130. About how many adults (over 21) have you known personally who in the past year have:

Number of Adults

|   | 0                     | 1                     | 2                     | 3-4                   | 5+                    |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. used marijuana, crack, cocaine, or other drugs?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. sold or dealt drugs?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging or assaulting others, etc.? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. gotten drunk or high?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

131. Is your use of alcohol or drugs causing problems in areas such as your feelings, emotions, family, friends, job, legal, school, health, financial status, or participation in athletic events?

- ☐ I do not use alcohol or drugs      ☐ Moderate problem
- ☐ No problem      ☐ Severe problem
- ☐ Slight problem

132. In the past year, have you held a paying job while attending school?

- ☐ No
- ☐ Yes, 20 hours or less per week
- ☐ Yes, more than 20 hours per week

133. Have you ever received an alcohol or drug related ticket?

- ☐ No      ☐ Yes

134. Students have different ideas of what OTHER students think or do. What do you think is the percentage of Montana students your age who:

|  |         |
|--|---------|
|  | 81-100% |
|  | 61-80%  |
|  | 41-60%  |
|  | 21-40%  |
|  | 1-20%   |
|  | None    |

|  |                       |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. have smoked cigarettes in the past 30 days?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. used smokeless tobacco in the past 30 days?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. would say it is wrong to smoke cigarettes?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 135. In your opinion, what percentage of parents gave a clear message about drug use to their children during the past three months? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

136. Sometimes students have problems they talk to an adult about. Is there an adult in your life you can talk to about your problems? (Mark all that apply)

- ☐ No
- ☐ Parent
- ☐ Relative
- ☐ Youth leader (scouts, church, etc.)
- ☐ Teacher or counselor at school
- ☐ Family Doctor
- ☐ Other adult

137. In the past year, in which of the following activities have you PARTICIPATED?

- a. sports teams      ☐ No      ☐ Yes
- b. scouting      ☐ No      ☐ Yes
- c. boys and girls clubs      ☐ No      ☐ Yes
- d. 4-H clubs      ☐ No      ☐ Yes
- e. service clubs (YMCA, FFA, DECA, etc.)      ☐ No      ☐ Yes
- f. other clubs or activities      ☐ No      ☐ Yes

138. How honest were you in filling out this survey?

- ☐ I was very honest
- ☐ I was honest pretty much of the time
- ☐ I was honest some of the time
- ☐ I was honest once in a while
- ☐ I was not honest at all